

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.		IND.			IND.		IND.		IND.		
	1		1		1		1		51		52		53	
2	1		1						54		55		56	
3		1							57		58		59	
4	1		1						60		61		62	
5		1							63		64		65	
6	1		1						66		67		68	
7		1							69		70		71	
8	1		1						72		73		74	
9		1							75		76		77	
10	1		1						78		79		80	
11		1							81		82		83	
12	1		1						84		85		86	
13		1							87		88		89	
14	1		1						90		91		92	
15		1							93		94		95	
16	1		1						96		97		98	
17		1							99		100			
18	1		1											
19		1												
20	1		1											
21		1												
22	1		1											
23	1		1											
24	1		1											
25	2	1	1											
26	1	2	1											
27	2	1	1											
28	1	2	1											
29	2	1	1											
30	1	2	1											
31	2	1	1											
32	1	2	1											
33	2	1	1											
34	1	2	1											
35	2	1	1											
36	1	2	1											
37	2	1	1											
38	1	2	1											
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL IND.	2		1											
TOTAL DEP.	36	←	1	2	1	1	1	1	1	1	1	1	1	1
TOTAL CLAIMS	38													

BEST AVAILABLE COPY